## FORM A.

**Application for commutation of pension under terms of Government Order No. Fl. 71—120—S. & A. 1-27-1 dated 4th July 1927.**

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I.....disire to commute a portion of my.....pension of Rs.....as.....ps.... a month. After careful consideration, I am convinced that it will be to the distinct and permanent advantage of myself and my family to apply, (as I am resolved to do), the commuted value in the manner detailed in the separate assigned statement I have attached hereto. I also certify that I have correctly answered each and all of the questions below.—

Place.....
Date.....

Signature.....
Designation.....
Address.....

*N.B.*—In the absence of a definite purpose no portion of the pension can be commuted.

*The grounds for believing that distinct and permanent advantage will be secured should be clearly noted in this statement.

| Questions | Answers |
|---|---|
| 1. What is the date of your birth? | |
| 2. How much of your pension do you wish to commute? | |
| 3. Have you any debts or liabilities? Give particulars. | |
| 4. Have you a wife? Name the members of your family dependent on you with their respective ages. | |
| 5. What was your monthly income from all sources during the past year? Give particulars. | |
| 6. Do you suffer from any complaint likely to shorten life? If, so, state its nature. | |

Place.....
Date.....

Signature.....

## FORM B.

### Statement and Opinion by Medical Officer.

*Part I.—Questions to be answered by the applicant before the Medical Officer.*

(The substance of the answers should be recorded by the Medical Officer.)

| | |
|---|---|
| 1. What is your age and caste? | |
| 2. If parents are living, state present age and state of health of— | |
| Father ... ... | |
| Mother ... ... | |
| If dead, state age at and cause of death of— | |
| Father ... ... | |
| Mother ... ... | |
| 3. What are the respective ages and state of health, of your brothers and sisters now living? Give the age at and cause of death of any who have died. | |
| 4. Have you ever suffered from— | |
| (*a*) Malarial fever? | |
| (*b*) Other fevers? | |
| How often have you suffered and when last? | |
| 5. Have you ever suffered from rheumatism. | |
| 6. Have you ever met with any serious injury? If so, state its nature and when it occurred? | |

*Part II—Questions to be answered by Medical Officer examining the Applicant.*

| | |
|---|---|
| 1. What is the Applicant's general configuration and physical development? | |
| Height ... ... ... | ft. in |
| Weight ... ... ... | st. lbs. |
| Circumference of chest ... | Inches. |
| 2. Is his (or her) appearance that of the persons of the age stated? If not, state his (or her) age by appearance. | |
| *Respiration.* | |
| 3. Have you examined the lungs with the stethoscope and by percussion? | ... ... |
| Are they free from abnormal sounds? | |
| Has he ever suffered from spitting of blood, pneumonia or asthama or chronic cough? | |
| What is the frequency of the respiration? | |
| *Circulation.* | |
| 4. Have you examined the heart with the stethoscope? | |
| (a) Is there any abnormal sound? | |
| (b) What is the number and character of the pulse and is it equal on both sides? | |
| *Digestion.* | |
| 5 (a) Are the spleen and liver natural in size? | |
| (b) Has he ever suffered from dropsy, fistula, hæmorrhoids or hernia? | |
| (c) Has he had dysentry or diarrhœa, if so, for what period, and when? | |

*Urinary Organs.*

6. (*a*) Was the urine passed in your presence?

(*b*) Have you examined it?

(*c*) If so, (1) What is the specific gravity?

(2) Is there any albumen?

(3) Is there any sugar?

(4) Is it healthy?

7. State any evidence that may be forthcoming that the nervous system is or has ever been diseased.

8. Has he had small-pox, or has he been successfully vaccinated?

9. Have you observed generally his appearance with reference to his habits?

Has he the appearance of a person whose habits and mode of of living have been uniformly temporate?

10. What other defects in his health or constitution do you notice besides those elicited by the above examination.

11. State your opinion of the applicant's duration of life with reference to—

(1) His/Her present health.....

(2) The state of his/her different organs.

(3) His/Her constitution.....

(4) The eligibility of the life (keeping in view both the personal condition and habits and the family history).

**CERTIFICATE OF RESULT OF EXAMINATION.**

"I/We have carefully examined.....and am/are of opinion that he/she is/is not in good bodily health and has/has not the prospect of an average duration of life."

In the case of impaired lives, the following shall be added :—

"As.....is suffering from.....his age for the purpose of commutation should be taken to be.....years."

*Station*.....

*Signature of Medical Officer.*

*Date*.....

Countersigned and forwarded to Comptroller with the oipnion that.....

*Date*.....

*Senior Surgeon.*

*Station*.....